

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different
than previously
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00040253

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

07

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		37795.26
(b) Cash on Hand at Beginning of Reporting Period	46231.32	
(c) Total Receipts (from Line 19)	27117.76	168768.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73349.08	206563.44
7. Total Disbursements (from Line 31)	53601.28	186815.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19747.80	19747.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23468.84	86274.32
(ii) Unitemized	3648.92	77992.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27117.76	164266.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27117.76	164266.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27117.76	168768.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27117.76	168768.18

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	101.28	715.64	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	101.28	715.64	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	117000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	27000.00	69100.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53601.28	186815.64	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53601.28	186815.64	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27117.76	164266.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27117.76	164266.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.28	715.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101.28	715.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299773

Amount of Each Receipt this Period

22.02

B.

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622401

Amount of Each Receipt this Period

22.02

C.

Full Name (Last, First, Middle Initial)

ERNEST D ADAMS

Mailing Address P O Box 105

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299496

Amount of Each Receipt this Period

19.73

SUBTOTAL of Receipts This Page (optional)

63.77

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ERNEST D ADAMS

Mailing Address P O Box 105

City State Zip Code
Grayslake IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622124

Amount of Each Receipt this Period

19.73

B.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299705

Amount of Each Receipt this Period

33.36

C.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622333

Amount of Each Receipt this Period

33.36

SUBTOTAL of Receipts This Page (optional)

86.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.42

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299760

Amount of Each Receipt this Period

34.66

B.

Full Name (Last, First, Middle Initial)

LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622388

Amount of Each Receipt this Period

34.66

C.

Full Name (Last, First, Middle Initial)

ERIKA SAHERN

Mailing Address 16 Sea Winds Lane East

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.15

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299396

Amount of Each Receipt this Period

28.41

SUBTOTAL of Receipts This Page (optional)

97.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ERIKA S AHERN

Mailing Address 16 Sea Winds Lane East

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622026

Amount of Each Receipt this Period

28.41

B.

Full Name (Last, First, Middle Initial)

PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299527

Amount of Each Receipt this Period

23.44

C.

Full Name (Last, First, Middle Initial)

PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622155

Amount of Each Receipt this Period

23.44

SUBTOTAL of Receipts This Page (optional)

75.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID L ALLEN

Mailing Address 4372 Duckhorn Drive

City

Moon Township

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299433

Amount of Each Receipt this Period

31.71

B.

Full Name (Last, First, Middle Initial)

DAVID L ALLEN

Mailing Address 4372 Duckhorn Drive

City

Moon Township

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622061

Amount of Each Receipt this Period

31.71

C.

Full Name (Last, First, Middle Initial)

AMY M ALLMON

Mailing Address 4499 Meyers Ct

City

Castle Rock

State

CO

Zip Code

80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299686

Amount of Each Receipt this Period

25.20

SUBTOTAL of Receipts This Page (optional)

88.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

AMY M ALLMON

Mailing Address 4499 Meyers Ct

City

Castle Rock

State

CO

Zip Code

80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622314

Amount of Each Receipt this Period

25.20

B.

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.74

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299385

Amount of Each Receipt this Period

78.78

C.

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622015

Amount of Each Receipt this Period

78.78

SUBTOTAL of Receipts This Page (optional)

182.76

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

362.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299474

Amount of Each Receipt this Period

33.22

B.

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE, N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

396.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622102

Amount of Each Receipt this Period

33.22

C.

Full Name (Last, First, Middle Initial)

DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

228.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299387

Amount of Each Receipt this Period

21.54

SUBTOTAL of Receipts This Page (optional)

87.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622017

Amount of Each Receipt this Period

21.54

B.

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse, Unit 508

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299676

Amount of Each Receipt this Period

28.54

C.

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse, Unit 508

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622304

Amount of Each Receipt this Period

28.54

SUBTOTAL of Receipts This Page (optional)

78.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299666

Amount of Each Receipt this Period

39.16

B.

Full Name (Last, First, Middle Initial)

GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622294

Amount of Each Receipt this Period

39.16

C.

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City

Skillman

State

NJ

Zip Code

08558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299450

Amount of Each Receipt this Period

35.87

SUBTOTAL of Receipts This Page (optional)

114.19

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City

Skillman

State

NJ

Zip Code

08558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622078

Amount of Each Receipt this Period

35.87

B.

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

583.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299793

Amount of Each Receipt this Period

53.35

C.

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

637.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622421

Amount of Each Receipt this Period

53.35

SUBTOTAL of Receipts This Page (optional)

142.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PHILLIP W BANET

Mailing Address 4589 JADE LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.94

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299502

Amount of Each Receipt this Period

35.46

B.

Full Name (Last, First, Middle Initial)

PHILLIP W BANET

Mailing Address 4589 JADE LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622130

Amount of Each Receipt this Period

35.46

C.

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299772

Amount of Each Receipt this Period

72.82

SUBTOTAL of Receipts This Page (optional)

143.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622400

Amount of Each Receipt this Period

72.82

B.

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 108 Sloan Road

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299407

Amount of Each Receipt this Period

25.38

C.

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 108 Sloan Road

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622036

Amount of Each Receipt this Period

25.38

SUBTOTAL of Receipts This Page (optional)

123.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.39

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299549

Amount of Each Receipt this Period

19.41

B.

Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622177

Amount of Each Receipt this Period

19.41

C.

Full Name (Last, First, Middle Initial)
DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299553

Amount of Each Receipt this Period

27.57

SUBTOTAL of Receipts This Page (optional)

66.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622181

Amount of Each Receipt this Period

27.57

B.

Full Name (Last, First, Middle Initial)
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.79

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299628

Amount of Each Receipt this Period

33.01

C.

Full Name (Last, First, Middle Initial)
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622256

Amount of Each Receipt this Period

33.01

SUBTOTAL of Receipts This Page (optional)

93.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299424

Amount of Each Receipt this Period

40.40

B.

Full Name (Last, First, Middle Initial)
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622053

Amount of Each Receipt this Period

40.40

C.

Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Process Expert

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299486

Amount of Each Receipt this Period

20.97

SUBTOTAL of Receipts This Page (optional)

101.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Process Expert

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622114

Amount of Each Receipt this Period

20.97

B.

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299707

Amount of Each Receipt this Period

40.54

C.

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622335

Amount of Each Receipt this Period

40.54

SUBTOTAL of Receipts This Page (optional)

102.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299696

Amount of Each Receipt this Period

64.20

B.

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622324

Amount of Each Receipt this Period

64.20

C.

Full Name (Last, First, Middle Initial)

DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Financial Sales Consultan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299770

Amount of Each Receipt this Period

32.83

SUBTOTAL of Receipts This Page (optional)

161.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Financial Sales Consultan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622398

Amount of Each Receipt this Period

32.83

B.

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.97

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299453

Amount of Each Receipt this Period

78.83

C.

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

939.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622081

Amount of Each Receipt this Period

78.83

SUBTOTAL of Receipts This Page (optional)

190.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City

woodbury

State

MN

Zip Code

55129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299741

Amount of Each Receipt this Period

31.93

B.

Full Name (Last, First, Middle Initial)

LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City

woodbury

State

MN

Zip Code

55129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622369

Amount of Each Receipt this Period

31.93

C.

Full Name (Last, First, Middle Initial)

KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Encompass Field Distr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299711

Amount of Each Receipt this Period

22.31

SUBTOTAL of Receipts This Page (optional)

86.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Encompass Field Distr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622339

Amount of Each Receipt this Period

22.31

B.

Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299577

Amount of Each Receipt this Period

20.48

C.

Full Name (Last, First, Middle Initial)
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622205

Amount of Each Receipt this Period

20.48

SUBTOTAL of Receipts This Page (optional)

63.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299441

Amount of Each Receipt this Period

20.03

B.

Full Name (Last, First, Middle Initial)

DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622069

Amount of Each Receipt this Period

20.03

C.

Full Name (Last, First, Middle Initial)

SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299563

Amount of Each Receipt this Period

44.94

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622191

Amount of Each Receipt this Period

44.94

B.

Full Name (Last, First, Middle Initial)

LINDA K BROBECK

Mailing Address 399 Summit Dr.

City

Emerald Hills

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299532

Amount of Each Receipt this Period

20.68

C.

Full Name (Last, First, Middle Initial)

LINDA K BROBECK

Mailing Address 399 Summit Dr.

City

Emerald Hills

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622160

Amount of Each Receipt this Period

20.68

SUBTOTAL of Receipts This Page (optional)

86.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

403.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299466

Amount of Each Receipt this Period

36.96

B.

Full Name (Last, First, Middle Initial)

LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622094

Amount of Each Receipt this Period

36.96

C.

Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

222.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299511

Amount of Each Receipt this Period

20.38

SUBTOTAL of Receipts This Page (optional)

94.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622139

Amount of Each Receipt this Period

20.38

B.

Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field EB Sls Ldr-Small Bu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299425

Amount of Each Receipt this Period

18.93

C.

Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field EB Sls Ldr-Small Bu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622054

Amount of Each Receipt this Period

18.93

SUBTOTAL of Receipts This Page (optional)

58.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299669

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622297

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2064.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299473

Amount of Each Receipt this Period

188.46

SUBTOTAL of Receipts This Page (optional)

228.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2252.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622101

Amount of Each Receipt this Period

188.46

B.

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.34

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299559

Amount of Each Receipt this Period

37.02

C.

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622187

Amount of Each Receipt this Period

37.02

SUBTOTAL of Receipts This Page (optional)

262.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299697

Amount of Each Receipt this Period

33.10

B.

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622325

Amount of Each Receipt this Period

33.10

C.

Full Name (Last, First, Middle Initial)

JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City

Parker

State

CO

Zip Code

80138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299799

Amount of Each Receipt this Period

43.25

SUBTOTAL of Receipts This Page (optional)

109.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City

Parker

State

CO

Zip Code

80138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622427

Amount of Each Receipt this Period

43.25

B.

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.37

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299430

Amount of Each Receipt this Period

22.23

C.

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622058

Amount of Each Receipt this Period

22.23

SUBTOTAL of Receipts This Page (optional)

87.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

993.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299375

Amount of Each Receipt this Period

90.62

B.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622005

Amount of Each Receipt this Period

90.62

C.

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.53

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299691

Amount of Each Receipt this Period

81.35

SUBTOTAL of Receipts This Page (optional)

262.59

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

968.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622319

Amount of Each Receipt this Period

81.35

B.

Full Name (Last, First, Middle Initial)

RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City

POMPANO BEACH

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622105

Amount of Each Receipt this Period

18.02

C.

Full Name (Last, First, Middle Initial)

IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299704

Amount of Each Receipt this Period

25.26

SUBTOTAL of Receipts This Page (optional)

124.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622332

Amount of Each Receipt this Period

25.26

B.

Full Name (Last, First, Middle Initial)

VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.49

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299637

Amount of Each Receipt this Period

21.47

C.

Full Name (Last, First, Middle Initial)

VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622265

Amount of Each Receipt this Period

21.47

SUBTOTAL of Receipts This Page (optional)

68.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

456.73

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299618

Amount of Each Receipt this Period

42.67

B.

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622246

Amount of Each Receipt this Period

42.67

C.

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

284.05

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299646

Amount of Each Receipt this Period

26.19

SUBTOTAL of Receipts This Page (optional)

111.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622274

Amount of Each Receipt this Period

26.19

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER W CLAY

Mailing Address 8875 SILVERBERRY AVENUE

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.71

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299796

Amount of Each Receipt this Period

29.81

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER W CLAY

Mailing Address 8875 SILVERBERRY AVENUE

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622424

Amount of Each Receipt this Period

29.81

SUBTOTAL of Receipts This Page (optional)

85.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.23

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299504

Amount of Each Receipt this Period

36.92

B.

Full Name (Last, First, Middle Initial)

MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.15

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622132

Amount of Each Receipt this Period

36.92

C.

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299644

Amount of Each Receipt this Period

30.38

SUBTOTAL of Receipts This Page (optional)

104.22

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622272

Amount of Each Receipt this Period

30.38

B.

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299603

Amount of Each Receipt this Period

34.69

C.

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622231

Amount of Each Receipt this Period

34.69

SUBTOTAL of Receipts This Page (optional)

99.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299606

Amount of Each Receipt this Period

21.97

B.

Full Name (Last, First, Middle Initial)

PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622234

Amount of Each Receipt this Period

21.97

C.

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.77

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299551

Amount of Each Receipt this Period

44.71

SUBTOTAL of Receipts This Page (optional)

88.65

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622179

Amount of Each Receipt this Period

44.71

B.Full Name (Last, First, Middle Initial)
LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City	State	Zip Code
Palatine	IL	60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299587

Amount of Each Receipt this Period

19.69

C.Full Name (Last, First, Middle Initial)
LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City	State	Zip Code
Palatine	IL	60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622215

Amount of Each Receipt this Period

19.69

SUBTOTAL of Receipts This Page (optional)

84.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.79

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299608

Amount of Each Receipt this Period

32.25

B.

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622236

Amount of Each Receipt this Period

32.25

C.

Full Name (Last, First, Middle Initial)

ERROL CRAMER

Mailing Address 1111 SARANAC AVE.

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Life Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622238

Amount of Each Receipt this Period

17.59

SUBTOTAL of Receipts This Page (optional)

82.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299509

Amount of Each Receipt this Period

78.33

B.

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622137

Amount of Each Receipt this Period

78.33

C.

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, Jr.

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299436

Amount of Each Receipt this Period

72.26

SUBTOTAL of Receipts This Page (optional)

228.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, Jr.

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622064

Amount of Each Receipt this Period

72.26

B.

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299423

Amount of Each Receipt this Period

47.14

C.

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622052

Amount of Each Receipt this Period

47.14

SUBTOTAL of Receipts This Page (optional)

166.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT W DANIELS

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.07

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299462

Amount of Each Receipt this Period

37.05

B.

Full Name (Last, First, Middle Initial)
ROBERT W DANIELS

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622090

Amount of Each Receipt this Period

37.05

C.

Full Name (Last, First, Middle Initial)
RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.21

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299552

Amount of Each Receipt this Period

34.71

SUBTOTAL of Receipts This Page (optional)

108.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622180

Amount of Each Receipt this Period

34.71

B.

Full Name (Last, First, Middle Initial)
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299492

Amount of Each Receipt this Period

38.74

C.

Full Name (Last, First, Middle Initial)
STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622120

Amount of Each Receipt this Period

38.74

SUBTOTAL of Receipts This Page (optional)

112.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.49

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299662

Amount of Each Receipt this Period

54.59

B.

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622290

Amount of Each Receipt this Period

54.59

C.

Full Name (Last, First, Middle Initial)

DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299635

Amount of Each Receipt this Period

21.08

SUBTOTAL of Receipts This Page (optional)

130.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622263

Amount of Each Receipt this Period

21.08

B.

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299484

Amount of Each Receipt this Period

42.61

C.

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622112

Amount of Each Receipt this Period

42.61

SUBTOTAL of Receipts This Page (optional)

106.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code
BARRINGTON HILLS IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622320

Amount of Each Receipt this Period

18.23

B.

Full Name (Last, First, Middle Initial)
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299636

Amount of Each Receipt this Period

58.50

C.

Full Name (Last, First, Middle Initial)
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622264

Amount of Each Receipt this Period

58.50

SUBTOTAL of Receipts This Page (optional)

135.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
Lincolnwood IL 60712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299729

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)
BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code
Lincolnwood IL 60712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622357

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299755

Amount of Each Receipt this Period

20.28

SUBTOTAL of Receipts This Page (optional)

60.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622383

Amount of Each Receipt this Period

20.28

B.

Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299439

Amount of Each Receipt this Period

20.18

C.

Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622067

Amount of Each Receipt this Period

20.18

SUBTOTAL of Receipts This Page (optional)

60.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299528

Amount of Each Receipt this Period

28.32

B.

Full Name (Last, First, Middle Initial)

PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622156

Amount of Each Receipt this Period

28.32

C.

Full Name (Last, First, Middle Initial)

DONALD L DUFF

Mailing Address 127 E. STREAMWOOD BLVD.

City

STREAMWOOD

State

IL

Zip Code

60107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Line of Bus Sr Mgr-Small

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299524

Amount of Each Receipt this Period

23.35

SUBTOTAL of Receipts This Page (optional)

79.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DONALD L DUFF

Mailing Address 127 E. STREAMWOOD BLVD.

City State Zip Code
STREAMWOOD IL 60107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Line of Bus Sr Mgr-Small

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622152

Amount of Each Receipt this Period

23.35

B.

Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.49

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299746

Amount of Each Receipt this Period

32.55

C.

Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622374

Amount of Each Receipt this Period

32.55

SUBTOTAL of Receipts This Page (optional)

88.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City

ROSCOE

State

IL

Zip Code

61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299616

Amount of Each Receipt this Period

25.80

B.

Full Name (Last, First, Middle Initial)

MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City

ROSCOE

State

IL

Zip Code

61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622244

Amount of Each Receipt this Period

25.80

C.

Full Name (Last, First, Middle Initial)

LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Encompass Finance & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299621

Amount of Each Receipt this Period

23.42

SUBTOTAL of Receipts This Page (optional)

75.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Encompass Finance & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622249

Amount of Each Receipt this Period

23.42

B.

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299642

Amount of Each Receipt this Period

30.27

C.

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622270

Amount of Each Receipt this Period

30.27

SUBTOTAL of Receipts This Page (optional)

83.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.61

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299534

Amount of Each Receipt this Period

34.27

B.

Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622162

Amount of Each Receipt this Period

34.27

C.

Full Name (Last, First, Middle Initial)
JAMES C EASON

Mailing Address 3077 EAST LAKE RD

City State Zip Code
MCDONOUGH GA 30252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299478

Amount of Each Receipt this Period

28.90

SUBTOTAL of Receipts This Page (optional)

97.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES C EASON

Mailing Address 3077 EAST LAKE RD

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622106

Amount of Each Receipt this Period

28.90

B.

Full Name (Last, First, Middle Initial)

SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.85

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299520

Amount of Each Receipt this Period

20.57

C.

Full Name (Last, First, Middle Initial)

SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.82

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622148

Amount of Each Receipt this Period

19.97

SUBTOTAL of Receipts This Page (optional)

69.44

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT N EMMICH

Mailing Address 108 SADDLE CREEK COVE

City

CANTON

State

MS

Zip Code

39046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622410

Amount of Each Receipt this Period

16.96

B.

Full Name (Last, First, Middle Initial)

LILLY ENG

Mailing Address 563 PEREGRINE DRIVE

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622136

Amount of Each Receipt this Period

17.17

C.

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City

CHICAGO

State

IL

Zip Code

60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299650

Amount of Each Receipt this Period

38.64

SUBTOTAL of Receipts This Page (optional)

72.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City

CHICAGO

State

IL

Zip Code

60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622278

Amount of Each Receipt this Period

38.64

B.

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299388

Amount of Each Receipt this Period

53.75

C.

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622018

Amount of Each Receipt this Period

53.75

SUBTOTAL of Receipts This Page (optional)

146.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299571

Amount of Each Receipt this Period

33.03

B.

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622199

Amount of Each Receipt this Period

33.03

C.

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.77

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299421

Amount of Each Receipt this Period

44.35

SUBTOTAL of Receipts This Page (optional)

110.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622050

Amount of Each Receipt this Period

44.35

B.

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299703

Amount of Each Receipt this Period

39.76

C.

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622331

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

123.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.86

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299567

Amount of Each Receipt this Period

49.26

B.

Full Name (Last, First, Middle Initial)

GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622195

Amount of Each Receipt this Period

49.26

C.

Full Name (Last, First, Middle Initial)

CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299680

Amount of Each Receipt this Period

27.76

SUBTOTAL of Receipts This Page (optional)

126.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622308

Amount of Each Receipt this Period

27.76

B.

Full Name (Last, First, Middle Initial)
STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.29

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299428

Amount of Each Receipt this Period

26.03

C.

Full Name (Last, First, Middle Initial)
STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622056

Amount of Each Receipt this Period

26.03

SUBTOTAL of Receipts This Page (optional)

79.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LISA J FLANARY

Mailing Address 1007 Harris Road

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Distribution Channel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.63

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299688

Amount of Each Receipt this Period

34.53

B.

Full Name (Last, First, Middle Initial)

LISA J FLANARY

Mailing Address 1007 Harris Road

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Distribution Channel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622316

Amount of Each Receipt this Period

34.53

C.

Full Name (Last, First, Middle Initial)

AMY C FLOYD

Mailing Address 1025 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299482

Amount of Each Receipt this Period

20.18

SUBTOTAL of Receipts This Page (optional)

89.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

AMY C FLOYD

Mailing Address 1025 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622110

Amount of Each Receipt this Period

20.18

B.

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299562

Amount of Each Receipt this Period

41.11

C.

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622190

Amount of Each Receipt this Period

41.11

SUBTOTAL of Receipts This Page (optional)

102.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299731

Amount of Each Receipt this Period

19.91

B.

Full Name (Last, First, Middle Initial)

ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622359

Amount of Each Receipt this Period

19.91

C.

Full Name (Last, First, Middle Initial)

KARL A FRIEDMAN

Mailing Address 333 DUNLEER DRIVE

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622212

Amount of Each Receipt this Period

17.69

SUBTOTAL of Receipts This Page (optional)

57.51

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299438

Amount of Each Receipt this Period

35.28

B.

Full Name (Last, First, Middle Initial)

ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622066

Amount of Each Receipt this Period

35.28

C.

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299383

Amount of Each Receipt this Period

26.87

SUBTOTAL of Receipts This Page (optional)

97.43

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

318.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622013

Amount of Each Receipt this Period

26.87

B.

Full Name (Last, First, Middle Initial)

ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Department Man

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622146

Amount of Each Receipt this Period

16.91

C.

Full Name (Last, First, Middle Initial)

JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

212.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299395

Amount of Each Receipt this Period

19.36

SUBTOTAL of Receipts This Page (optional)

63.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622025

Amount of Each Receipt this Period

19.36

B.

Full Name (Last, First, Middle Initial)

NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director FSS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622224

Amount of Each Receipt this Period

18.03

C.

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299733

Amount of Each Receipt this Period

31.76

SUBTOTAL of Receipts This Page (optional)

69.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622361

Amount of Each Receipt this Period

31.76

B.

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299389

Amount of Each Receipt this Period

41.36

C.

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622019

Amount of Each Receipt this Period

41.36

SUBTOTAL of Receipts This Page (optional)

114.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622020

Amount of Each Receipt this Period

18.36

B.

Full Name (Last, First, Middle Initial)

BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299538

Amount of Each Receipt this Period

20.68

C.

Full Name (Last, First, Middle Initial)

BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622166

Amount of Each Receipt this Period

20.68

SUBTOTAL of Receipts This Page (optional)

59.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

TODD S GOLDMAN

Mailing Address 910 S MICHIGAN AVE #1505

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299414

Amount of Each Receipt this Period

19.40

B.

Full Name (Last, First, Middle Initial)

TODD S GOLDMAN

Mailing Address 910 S MICHIGAN AVE #1505

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622043

Amount of Each Receipt this Period

19.40

C.

Full Name (Last, First, Middle Initial)

BRIAN D GORE

Mailing Address 834 Greenwood Dr

City

Lindenhurst

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622016

Amount of Each Receipt this Period

17.58

SUBTOTAL of Receipts This Page (optional)

56.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.45

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299776

Amount of Each Receipt this Period

33.95

B.

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622404

Amount of Each Receipt this Period

33.95

C.

Full Name (Last, First, Middle Initial)

GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299481

Amount of Each Receipt this Period

21.77

SUBTOTAL of Receipts This Page (optional)

89.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622109

Amount of Each Receipt this Period

21.77

B.

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.99

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299713

Amount of Each Receipt this Period

27.93

C.

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622341

Amount of Each Receipt this Period

27.93

SUBTOTAL of Receipts This Page (optional)

77.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.39

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299499

Amount of Each Receipt this Period

58.85

B.

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622127

Amount of Each Receipt this Period

58.85

C.

Full Name (Last, First, Middle Initial)

MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City

WESTBURY

State

NY

Zip Code

11590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622038

Amount of Each Receipt this Period

16.88

SUBTOTAL of Receipts This Page (optional)

134.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299399

Amount of Each Receipt this Period

25.40

B.

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622029

Amount of Each Receipt this Period

25.40

C.

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299678

Amount of Each Receipt this Period

26.50

SUBTOTAL of Receipts This Page (optional)

77.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622306

Amount of Each Receipt this Period

26.50

B.

Full Name (Last, First, Middle Initial)

JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299759

Amount of Each Receipt this Period

19.28

C.

Full Name (Last, First, Middle Initial)

JOHN F HAAS

Mailing Address 6509 E. BETTY ELYSE LANE

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622387

Amount of Each Receipt this Period

19.28

SUBTOTAL of Receipts This Page (optional)

65.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Line of Busn Dir Auto-Sma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.41

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299777

Amount of Each Receipt this Period

26.91

B.

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Line of Busn Dir Auto-Sma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622405

Amount of Each Receipt this Period

26.91

C.

Full Name (Last, First, Middle Initial)

ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS COURT

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622277

Amount of Each Receipt this Period

17.36

SUBTOTAL of Receipts This Page (optional)

71.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.91

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299742

Amount of Each Receipt this Period

36.41

B.

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622370

Amount of Each Receipt this Period

36.41

C.

Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299493

Amount of Each Receipt this Period

25.82

SUBTOTAL of Receipts This Page (optional)

98.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622121

Amount of Each Receipt this Period

25.82

B.

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299491

Amount of Each Receipt this Period

70.42

C.

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622119

Amount of Each Receipt this Period

70.42

SUBTOTAL of Receipts This Page (optional)

166.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.29

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299513

Amount of Each Receipt this Period

25.39

B.

Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622141

Amount of Each Receipt this Period

25.39

C.

Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Consultant Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.74

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299706

Amount of Each Receipt this Period

33.70

SUBTOTAL of Receipts This Page (optional)

84.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Consultant Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622334

Amount of Each Receipt this Period

33.70

B.

Full Name (Last, First, Middle Initial)
WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.93

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299460

Amount of Each Receipt this Period

103.27

C.

Full Name (Last, First, Middle Initial)
WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1227.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622088

Amount of Each Receipt this Period

103.27

SUBTOTAL of Receipts This Page (optional)

240.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAULA M HODGES

Mailing Address 7310 S 34TH CT

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299752

Amount of Each Receipt this Period

29.56

B.

Full Name (Last, First, Middle Initial)

PAULA M HODGES

Mailing Address 7310 S 34TH CT

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622380

Amount of Each Receipt this Period

29.56

C.

Full Name (Last, First, Middle Initial)

LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Investment Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299788

Amount of Each Receipt this Period

46.14

SUBTOTAL of Receipts This Page (optional)

105.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Investment Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622416

Amount of Each Receipt this Period

46.14

B.

Full Name (Last, First, Middle Initial)

MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.49

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299465

Amount of Each Receipt this Period

24.31

C.

Full Name (Last, First, Middle Initial)

MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622093

Amount of Each Receipt this Period

24.31

SUBTOTAL of Receipts This Page (optional)

94.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Service Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.25

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299506

Amount of Each Receipt this Period

32.31

B.

Full Name (Last, First, Middle Initial)
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Service Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622134

Amount of Each Receipt this Period

32.31

C.

Full Name (Last, First, Middle Initial)
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299700

Amount of Each Receipt this Period

20.08

SUBTOTAL of Receipts This Page (optional)

84.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622328

Amount of Each Receipt this Period

20.08

B.

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299599

Amount of Each Receipt this Period

49.65

C.

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622227

Amount of Each Receipt this Period

49.65

SUBTOTAL of Receipts This Page (optional)

119.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299554

Amount of Each Receipt this Period

30.15

B.

Full Name (Last, First, Middle Initial)
LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622182

Amount of Each Receipt this Period

30.15

C.

Full Name (Last, First, Middle Initial)
MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299539

Amount of Each Receipt this Period

81.08

SUBTOTAL of Receipts This Page (optional)

141.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622167

Amount of Each Receipt this Period

81.08

B.

Full Name (Last, First, Middle Initial)

BOB A JACKSON

Mailing Address 226 Maison Court

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299749

Amount of Each Receipt this Period

22.04

C.

Full Name (Last, First, Middle Initial)

BOB A JACKSON

Mailing Address 226 Maison Court

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622377

Amount of Each Receipt this Period

22.04

SUBTOTAL of Receipts This Page (optional)

125.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.57

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299530

Amount of Each Receipt this Period

34.51

B.

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622158

Amount of Each Receipt this Period

34.51

C.

Full Name (Last, First, Middle Initial)

JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City

HUNTINGTON STA

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299397

Amount of Each Receipt this Period

20.92

SUBTOTAL of Receipts This Page (optional)

89.94

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City

HUNTINGTON STA

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622027

Amount of Each Receipt this Period

20.92

B.

Full Name (Last, First, Middle Initial)

TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622318

Amount of Each Receipt this Period

16.78

C.

Full Name (Last, First, Middle Initial)

DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299626

Amount of Each Receipt this Period

39.75

SUBTOTAL of Receipts This Page (optional)

77.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622254

Amount of Each Receipt this Period

39.75

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.87

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299377

Amount of Each Receipt this Period

51.37

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622007

Amount of Each Receipt this Period

51.37

SUBTOTAL of Receipts This Page (optional)

142.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City

BARTLETT

State

IL

Zip Code

60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299533

Amount of Each Receipt this Period

40.56

B.

Full Name (Last, First, Middle Initial)

CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City

BARTLETT

State

IL

Zip Code

60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622161

Amount of Each Receipt this Period

40.56

C.

Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City

Tower Lakes

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299580

Amount of Each Receipt this Period

25.80

SUBTOTAL of Receipts This Page (optional)

106.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City

Tower Lakes

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622208

Amount of Each Receipt this Period

25.80

B.

Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Audit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299449

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Audit Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622077

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

64.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299667

Amount of Each Receipt this Period

19.98

B.

Full Name (Last, First, Middle Initial)

ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622295

Amount of Each Receipt this Period

19.98

C.

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.05

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299656

Amount of Each Receipt this Period

36.55

SUBTOTAL of Receipts This Page (optional)

76.51

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622284

Amount of Each Receipt this Period

36.55

B.

Full Name (Last, First, Middle Initial)

TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299434

Amount of Each Receipt this Period

20.26

C.

Full Name (Last, First, Middle Initial)

TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622062

Amount of Each Receipt this Period

20.26

SUBTOTAL of Receipts This Page (optional)

77.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299739

Amount of Each Receipt this Period

32.77

B.

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622367

Amount of Each Receipt this Period

32.77

C.

Full Name (Last, First, Middle Initial)

GARY L KOCHANKEK

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.70

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299541

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

98.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GARY L KOCHANER

Mailing Address 743 CARDIGAN CT

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622169

Amount of Each Receipt this Period

32.70

B.

Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299537

Amount of Each Receipt this Period

41.36

C.

Full Name (Last, First, Middle Initial)
JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622165

Amount of Each Receipt this Period

41.36

SUBTOTAL of Receipts This Page (optional)

115.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAIRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299655

Amount of Each Receipt this Period

31.52

B.

Full Name (Last, First, Middle Initial)

JAIRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622283

Amount of Each Receipt this Period

31.52

C.

Full Name (Last, First, Middle Initial)

Joseph Lacher

Mailing Address 2775 Sanders Road Suite A5

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299808

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

213.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Joseph Lacher

Mailing Address 2775 Sanders Road Suite A5

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622436

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL A LAMONICA

Mailing Address 20580 HIGH RIDGE DR.

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.25

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299583

Amount of Each Receipt this Period

70.71

C.

Full Name (Last, First, Middle Initial)

MICHAEL A LAMONICA

Mailing Address 20580 HIGH RIDGE DR.

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622211

Amount of Each Receipt this Period

70.71

SUBTOTAL of Receipts This Page (optional)

291.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Richard J Law

Mailing Address 3 Jackson Manor Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President - Presiden

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1311.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299804

Amount of Each Receipt this Period

120.05

B.

Full Name (Last, First, Middle Initial)

Richard J Law

Mailing Address 3 Jackson Manor Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President - Presiden

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622432

Amount of Each Receipt this Period

120.05

C.

Full Name (Last, First, Middle Initial)

DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299507

Amount of Each Receipt this Period

20.08

SUBTOTAL of Receipts This Page (optional)

260.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622135

Amount of Each Receipt this Period

20.08

B.

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299745

Amount of Each Receipt this Period

79.96

C.

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622373

Amount of Each Receipt this Period

79.96

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.39

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299778

Amount of Each Receipt this Period

64.17

B.

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622406

Amount of Each Receipt this Period

64.17

C.

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.93

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299376

Amount of Each Receipt this Period

29.71

SUBTOTAL of Receipts This Page (optional)

158.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622006

Amount of Each Receipt this Period

29.71

B.

Full Name (Last, First, Middle Initial)

ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.94

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299545

Amount of Each Receipt this Period

26.54

C.

Full Name (Last, First, Middle Initial)

ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622173

Amount of Each Receipt this Period

26.54

SUBTOTAL of Receipts This Page (optional)

82.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.89

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299611

Amount of Each Receipt this Period

22.67

B.

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622239

Amount of Each Receipt this Period

22.67

C.

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299761

Amount of Each Receipt this Period

20.14

SUBTOTAL of Receipts This Page (optional)

65.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622389

Amount of Each Receipt this Period

20.14

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.95

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299594

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622222

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

82.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT W LOPEZ Jr

Mailing Address 456 S. Wilke Road

City

Palatine

State

IL

Zip Code

60074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299592

Amount of Each Receipt this Period

26.51

B.

Full Name (Last, First, Middle Initial)

ROBERT W LOPEZ Jr

Mailing Address 456 S. Wilke Road

City

Palatine

State

IL

Zip Code

60074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622220

Amount of Each Receipt this Period

26.51

C.

Full Name (Last, First, Middle Initial)

GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City

GLENDAL

State

CA

Zip Code

91226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299780

Amount of Each Receipt this Period

31.36

SUBTOTAL of Receipts This Page (optional)

84.38

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City

GLENDALE

State

CA

Zip Code

91226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622408

Amount of Each Receipt this Period

31.36

B.

Full Name (Last, First, Middle Initial)

COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299614

Amount of Each Receipt this Period

20.88

C.

Full Name (Last, First, Middle Initial)

COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622242

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional)

73.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST., APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299639

Amount of Each Receipt this Period

33.64

B.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST., APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622267

Amount of Each Receipt this Period

33.64

C.

Full Name (Last, First, Middle Initial)

DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City

CASTLE ROCK

State

CO

Zip Code

80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299699

Amount of Each Receipt this Period

29.96

SUBTOTAL of Receipts This Page (optional)

97.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622327

Amount of Each Receipt this Period

29.96

B.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.42

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299400

Amount of Each Receipt this Period

41.62

C.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622030

Amount of Each Receipt this Period

41.62

SUBTOTAL of Receipts This Page (optional)

113.20

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299548

Amount of Each Receipt this Period

20.33

B.

Full Name (Last, First, Middle Initial)

KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622176

Amount of Each Receipt this Period

20.33

C.

Full Name (Last, First, Middle Initial)

Rhonda J Masser

Mailing Address 856 SPRINGHILL CT

City

ELGIN

State

IL

Zip Code

60120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622140

Amount of Each Receipt this Period

17.69

SUBTOTAL of Receipts This Page (optional)

58.35

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

222.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299640

Amount of Each Receipt this Period

20.48

B.

Full Name (Last, First, Middle Initial)

JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622268

Amount of Each Receipt this Period

20.48

C.

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 1804 Prairie St

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

212.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299459

Amount of Each Receipt this Period

19.31

SUBTOTAL of Receipts This Page (optional)

60.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 1804 Prairie St

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622087

Amount of Each Receipt this Period

19.31

B.

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.27

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299624

Amount of Each Receipt this Period

82.45

C.

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

976.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622252

Amount of Each Receipt this Period

82.45

SUBTOTAL of Receipts This Page (optional)

184.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299570

Amount of Each Receipt this Period

40.56

B.

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622198

Amount of Each Receipt this Period

40.56

C.

Full Name (Last, First, Middle Initial)

SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AF Sr Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622250

Amount of Each Receipt this Period

18.71

SUBTOTAL of Receipts This Page (optional)

99.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.46

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299762

Amount of Each Receipt this Period

24.66

B.

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622390

Amount of Each Receipt this Period

24.66

C.

Full Name (Last, First, Middle Initial)

EVA M MCINTEE

Mailing Address 103 Wateredge Court

City

Safety Harbor

State

FL

Zip Code

34695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.82

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299757

Amount of Each Receipt this Period

38.34

SUBTOTAL of Receipts This Page (optional)

87.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EVAM MCINTEE

Mailing Address 103 Wateredge Court

City

Safety Harbor

State

FL

Zip Code

34695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622385

Amount of Each Receipt this Period

38.34

B.

Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City

Parker

State

CO

Zip Code

80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.37

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299454

Amount of Each Receipt this Period

25.99

C.

Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City

Parker

State

CO

Zip Code

80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622082

Amount of Each Receipt this Period

25.99

SUBTOTAL of Receipts This Page (optional)

90.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PETER D MCPHERSON

Mailing Address 180 EVERGREEN AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Actuary and Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299560

Amount of Each Receipt this Period

33.20

B.

Full Name (Last, First, Middle Initial)

PETER D MCPHERSON

Mailing Address 180 EVERGREEN AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Actuary and Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622188

Amount of Each Receipt this Period

33.20

C.

Full Name (Last, First, Middle Initial)

JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.53

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299489

Amount of Each Receipt this Period

24.39

SUBTOTAL of Receipts This Page (optional)

90.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622117

Amount of Each Receipt this Period

24.39

B.

Full Name (Last, First, Middle Initial)

TENA MELFI

Mailing Address 333 E Woodland Rd

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.94

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299797

Amount of Each Receipt this Period

20.98

C.

Full Name (Last, First, Middle Initial)

TENA MELFI

Mailing Address 333 E Woodland Rd

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622425

Amount of Each Receipt this Period

20.98

SUBTOTAL of Receipts This Page (optional)

66.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 120 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.31

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299392

Amount of Each Receipt this Period

35.37

B.

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622022

Amount of Each Receipt this Period

35.37

C.

Full Name (Last, First, Middle Initial)

JOHN W MICHELI

Mailing Address 1328 FOREVER AVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622031

Amount of Each Receipt this Period

18.33

SUBTOTAL of Receipts This Page (optional)

89.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional EB Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.70

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299505

Amount of Each Receipt this Period

28.59

B.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional EB Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.29

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622133

Amount of Each Receipt this Period

28.59

C.

Full Name (Last, First, Middle Initial)

STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
 ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.02

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299675

Amount of Each Receipt this Period

23.42

SUBTOTAL of Receipts This Page (optional)

80.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622303

Amount of Each Receipt this Period

23.42

B.

Full Name (Last, First, Middle Initial)
ALLISON L MOE

Mailing Address 215 Brampton Lane

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622202

Amount of Each Receipt this Period

18.46

C.

Full Name (Last, First, Middle Initial)
MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299555

Amount of Each Receipt this Period

24.35

SUBTOTAL of Receipts This Page (optional)

66.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622183

Amount of Each Receipt this Period

24.35

B.

Full Name (Last, First, Middle Initial)

SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622394

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

DEBBIE A MORALES

Mailing Address 21285 S. BOSCHOME CIRCLE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.57

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299715

Amount of Each Receipt this Period

36.07

SUBTOTAL of Receipts This Page (optional)

77.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEBBIE A MORALES

Mailing Address 21285 S. BOSCHOME CIRCLE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622343

Amount of Each Receipt this Period

36.07

B.

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.27

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299643

Amount of Each Receipt this Period

43.41

C.

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622271

Amount of Each Receipt this Period

43.41

SUBTOTAL of Receipts This Page (optional)

122.89

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299452

Amount of Each Receipt this Period

35.77

B.

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622080

Amount of Each Receipt this Period

35.77

C.

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299542

Amount of Each Receipt this Period

40.26

SUBTOTAL of Receipts This Page (optional)

111.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

478.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622170

Amount of Each Receipt this Period

40.26

B.

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 1908 N. Silver Lake Road

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

437.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299728

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 1908 N. Silver Lake Road

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

477.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622356

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

119.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299665

Amount of Each Receipt this Period

57.60

B.

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622293

Amount of Each Receipt this Period

57.60

C.

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299641

Amount of Each Receipt this Period

19.84

SUBTOTAL of Receipts This Page (optional)

135.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622269

Amount of Each Receipt this Period

19.84

B.

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1298.25

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299522

Amount of Each Receipt this Period

118.87

C.

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1417.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622150

Amount of Each Receipt this Period

118.87

SUBTOTAL of Receipts This Page (optional)

257.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299730

Amount of Each Receipt this Period

56.30

B.

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622358

Amount of Each Receipt this Period

56.30

C.

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.54

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299657

Amount of Each Receipt this Period

31.06

SUBTOTAL of Receipts This Page (optional)

143.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622285

Amount of Each Receipt this Period

31.06

B.

Full Name (Last, First, Middle Initial)

NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.94

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299791

Amount of Each Receipt this Period

43.42

C.

Full Name (Last, First, Middle Initial)

NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622419

Amount of Each Receipt this Period

43.42

SUBTOTAL of Receipts This Page (optional)

117.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Patrick M O'Brien

Mailing Address 976 Hampton Park

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299803

Amount of Each Receipt this Period

64.73

B.

Full Name (Last, First, Middle Initial)

Patrick M O'Brien

Mailing Address 976 Hampton Park

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622431

Amount of Each Receipt this Period

64.73

C.

Full Name (Last, First, Middle Initial)

RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.27

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299514

Amount of Each Receipt this Period

20.33

SUBTOTAL of Receipts This Page (optional)

149.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622142

Amount of Each Receipt this Period

20.33

B.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299413

Amount of Each Receipt this Period

30.26

C.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622042

Amount of Each Receipt this Period

30.26

SUBTOTAL of Receipts This Page (optional)

80.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299631

Amount of Each Receipt this Period

41.26

B.

Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622259

Amount of Each Receipt this Period

41.26

C.

Full Name (Last, First, Middle Initial)
KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299498

Amount of Each Receipt this Period

40.16

SUBTOTAL of Receipts This Page (optional)

122.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622126

Amount of Each Receipt this Period

40.16

B.

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299721

Amount of Each Receipt this Period

71.16

C.

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622349

Amount of Each Receipt this Period

71.16

SUBTOTAL of Receipts This Page (optional)

182.48

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299487

Amount of Each Receipt this Period

43.43

B.

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622115

Amount of Each Receipt this Period

43.43

C.

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299447

Amount of Each Receipt this Period

44.05

SUBTOTAL of Receipts This Page (optional)

130.91

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622075

Amount of Each Receipt this Period

44.05

B.

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299566

Amount of Each Receipt this Period

32.18

C.

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622194

Amount of Each Receipt this Period

32.18

SUBTOTAL of Receipts This Page (optional)

108.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

849.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299437

Amount of Each Receipt this Period

77.79

B.

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622065

Amount of Each Receipt this Period

77.79

C.

Full Name (Last, First, Middle Initial)

LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299659

Amount of Each Receipt this Period

39.17

SUBTOTAL of Receipts This Page (optional)

194.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City	State	Zip Code
GLENVIEW	IL	60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622287

Amount of Each Receipt this Period

39.17

B.Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City	State	Zip Code
West Dundee	IL	60118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299607

Amount of Each Receipt this Period

31.07

C.Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City	State	Zip Code
West Dundee	IL	60118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622235

Amount of Each Receipt this Period

31.07

SUBTOTAL of Receipts This Page (optional)

101.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299404

Amount of Each Receipt this Period

52.83

B.

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622034

Amount of Each Receipt this Period

52.83

C.

Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City

ROCKFORD

State

IL

Zip Code

61114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299629

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

125.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City

ROCKFORD

State

IL

Zip Code

61114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622257

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

JOHN M PETERS

Mailing Address 6727 N Sioux Ave

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.29

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299769

Amount of Each Receipt this Period

30.99

C.

Full Name (Last, First, Middle Initial)

JOHN M PETERS

Mailing Address 6727 N Sioux Ave

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622397

Amount of Each Receipt this Period

30.99

SUBTOTAL of Receipts This Page (optional)

81.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.23

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299790

Amount of Each Receipt this Period

31.37

B.

Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622418

Amount of Each Receipt this Period

31.37

C.

Full Name (Last, First, Middle Initial)
JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299521

Amount of Each Receipt this Period

74.04

SUBTOTAL of Receipts This Page (optional)

136.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622149

Amount of Each Receipt this Period

74.04

B.

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299794

Amount of Each Receipt this Period

67.88

C.

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622422

Amount of Each Receipt this Period

67.88

SUBTOTAL of Receipts This Page (optional)

209.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299398

Amount of Each Receipt this Period

48.49

B.

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622028

Amount of Each Receipt this Period

48.49

C.

Full Name (Last, First, Middle Initial)

THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299661

Amount of Each Receipt this Period

22.45

SUBTOTAL of Receipts This Page (optional)

119.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code
DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sr. Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622289

Amount of Each Receipt this Period

22.45

B.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299779

Amount of Each Receipt this Period

33.62

C.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622407

Amount of Each Receipt this Period

33.62

SUBTOTAL of Receipts This Page (optional)

89.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.13

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299687

Amount of Each Receipt this Period

42.15

B.

Full Name (Last, First, Middle Initial)

MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622315

Amount of Each Receipt this Period

42.15

C.

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299380

Amount of Each Receipt this Period

45.80

SUBTOTAL of Receipts This Page (optional)

130.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622010

Amount of Each Receipt this Period

45.80

B.

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 618 Burdick St.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299578

Amount of Each Receipt this Period

38.20

C.

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 618 Burdick St.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622206

Amount of Each Receipt this Period

38.20

SUBTOTAL of Receipts This Page (optional)

122.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.15

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299373

Amount of Each Receipt this Period

26.89

B.

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622003

Amount of Each Receipt this Period

26.89

C.

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-Protection Distributi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299440

Amount of Each Receipt this Period

85.38

SUBTOTAL of Receipts This Page (optional)

139.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-Protection Distributi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622068

Amount of Each Receipt this Period

85.38

B.

Full Name (Last, First, Middle Initial)

ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.45

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299651

Amount of Each Receipt this Period

27.51

C.

Full Name (Last, First, Middle Initial)

ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622279

Amount of Each Receipt this Period

27.51

SUBTOTAL of Receipts This Page (optional)

140.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299581

Amount of Each Receipt this Period

48.19

B.

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622209

Amount of Each Receipt this Period

48.19

C.

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 62 Bart Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299744

Amount of Each Receipt this Period

31.53

SUBTOTAL of Receipts This Page (optional)

127.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 62 Bart Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622372

Amount of Each Receipt this Period

31.53

B.

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.51

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299595

Amount of Each Receipt this Period

103.85

C.

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1229.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622223

Amount of Each Receipt this Period

103.85

SUBTOTAL of Receipts This Page (optional)

239.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299517

Amount of Each Receipt this Period

41.36

B.

Full Name (Last, First, Middle Initial)
GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622145

Amount of Each Receipt this Period

41.36

C.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299590

Amount of Each Receipt this Period

34.88

SUBTOTAL of Receipts This Page (optional)

117.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622218

Amount of Each Receipt this Period

34.88

B.

Full Name (Last, First, Middle Initial)
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code
DOWNERS GROVE IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.82

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299630

Amount of Each Receipt this Period

38.14

C.

Full Name (Last, First, Middle Initial)
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code
DOWNERS GROVE IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622258

Amount of Each Receipt this Period

38.14

SUBTOTAL of Receipts This Page (optional)

111.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City

RED BANK

State

NJ

Zip Code

07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.81

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299429

Amount of Each Receipt this Period

22.23

B.

Full Name (Last, First, Middle Initial)

DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City

RED BANK

State

NJ

Zip Code

07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622057

Amount of Each Receipt this Period

22.23

C.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299515

Amount of Each Receipt this Period

40.96

SUBTOTAL of Receipts This Page (optional)

85.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622143

Amount of Each Receipt this Period

40.96

B.

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299497

Amount of Each Receipt this Period

29.35

C.

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.85

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622125

Amount of Each Receipt this Period

29.35

SUBTOTAL of Receipts This Page (optional)

99.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

342.61

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299634

Amount of Each Receipt this Period

31.59

B.

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

374.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622262

Amount of Each Receipt this Period

31.59

C.

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

603.17

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299431

Amount of Each Receipt this Period

55.19

SUBTOTAL of Receipts This Page (optional)

118.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622059

Amount of Each Receipt this Period

55.19

B.

Full Name (Last, First, Middle Initial)

DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299734

Amount of Each Receipt this Period

19.44

C.

Full Name (Last, First, Middle Initial)

DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622362

Amount of Each Receipt this Period

19.44

SUBTOTAL of Receipts This Page (optional)

94.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY C SCHULTZ

Mailing Address 573 MADISON LN

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.38

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299494

Amount of Each Receipt this Period

27.46

B.

Full Name (Last, First, Middle Initial)

JEFFREY C SCHULTZ

Mailing Address 573 MADISON LN

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622122

Amount of Each Receipt this Period

27.46

C.

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.79

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299561

Amount of Each Receipt this Period

27.73

SUBTOTAL of Receipts This Page (optional)

82.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622189

Amount of Each Receipt this Period

27.73

B.

Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299763

Amount of Each Receipt this Period

19.36

C.

Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622391

Amount of Each Receipt this Period

19.36

SUBTOTAL of Receipts This Page (optional)

66.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.63

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299698

Amount of Each Receipt this Period

49.65

B.

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622326

Amount of Each Receipt this Period

49.65

C.

Full Name (Last, First, Middle Initial)

ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622040

Amount of Each Receipt this Period

16.93

SUBTOTAL of Receipts This Page (optional)

116.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 160 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.74

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299623

Amount of Each Receipt this Period

43.62

B.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622251

Amount of Each Receipt this Period

43.62

C.

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP & CFO Allstate Investm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299588

Amount of Each Receipt this Period

86.46

SUBTOTAL of Receipts This Page (optional)

173.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP & CFO Allstate Investm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622216

Amount of Each Receipt this Period

86.46

B.

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299510

Amount of Each Receipt this Period

20.28

C.

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622138

Amount of Each Receipt this Period

20.28

SUBTOTAL of Receipts This Page (optional)

127.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299677

Amount of Each Receipt this Period

22.34

B.

Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622305

Amount of Each Receipt this Period

22.34

C.

Full Name (Last, First, Middle Initial)
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.54

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299422

Amount of Each Receipt this Period

32.78

SUBTOTAL of Receipts This Page (optional)

77.46

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City

WALL

State

NJ

Zip Code

07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622051

Amount of Each Receipt this Period

32.78

B.

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299748

Amount of Each Receipt this Period

39.43

C.

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622376

Amount of Each Receipt this Period

39.43

SUBTOTAL of Receipts This Page (optional)

111.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299519

Amount of Each Receipt this Period

27.05

B.

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622147

Amount of Each Receipt this Period

27.05

C.

Full Name (Last, First, Middle Initial)

DAVID W SKEATH

Mailing Address 608 Brooking Court

City

Lake Villa

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.61

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299792

Amount of Each Receipt this Period

19.51

SUBTOTAL of Receipts This Page (optional)

73.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID W SKEATH

Mailing Address 608 Brooking Court

City

Lake Villa

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622420

Amount of Each Receipt this Period

19.51

B.

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299613

Amount of Each Receipt this Period

40.96

C.

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622241

Amount of Each Receipt this Period

40.96

SUBTOTAL of Receipts This Page (optional)

101.43

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City	State	Zip Code
Arlington Heights	IL	60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299702

Amount of Each Receipt this Period

34.84

B.Full Name (Last, First, Middle Initial)
CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City	State	Zip Code
Arlington Heights	IL	60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622330

Amount of Each Receipt this Period

34.84

C.Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City	State	Zip Code
PALM CITY	FL	34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Inside Sales Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299427

Amount of Each Receipt this Period

28.68

SUBTOTAL of Receipts This Page (optional)

98.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD J SMITH, Jr.

Mailing Address 597 TREETOP LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299716

Amount of Each Receipt this Period

19.70

B.

Full Name (Last, First, Middle Initial)

RICHARD J SMITH, Jr.

Mailing Address 597 TREETOP LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622344

Amount of Each Receipt this Period

19.70

C.

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.37

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299740

Amount of Each Receipt this Period

32.03

SUBTOTAL of Receipts This Page (optional)

71.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622368

Amount of Each Receipt this Period

32.03

B.

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Vice President Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299689

Amount of Each Receipt this Period

82.04

C.

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Vice President Pro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622317

Amount of Each Receipt this Period

82.04

SUBTOTAL of Receipts This Page (optional)

196.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.41

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299654

Amount of Each Receipt this Period

34.19

B.

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622282

Amount of Each Receipt this Period

34.19

C.

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.08

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299445

Amount of Each Receipt this Period

38.28

SUBTOTAL of Receipts This Page (optional)

106.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City	State	Zip Code
MUNDELEIN	IL	60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622073

Amount of Each Receipt this Period

38.28

B.Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299647

Amount of Each Receipt this Period

28.07

C.Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622275

Amount of Each Receipt this Period

28.07

SUBTOTAL of Receipts This Page (optional)

94.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299501

Amount of Each Receipt this Period

50.08

B.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622129

Amount of Each Receipt this Period

50.08

C.

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299471

Amount of Each Receipt this Period

41.30

SUBTOTAL of Receipts This Page (optional)

141.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622099

Amount of Each Receipt this Period

41.30

B.

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299480

Amount of Each Receipt this Period

40.84

C.

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622108

Amount of Each Receipt this Period

40.84

SUBTOTAL of Receipts This Page (optional)

122.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299476

Amount of Each Receipt this Period

26.36

B.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622104

Amount of Each Receipt this Period

26.36

C.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.88

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299374

Amount of Each Receipt this Period

26.72

SUBTOTAL of Receipts This Page (optional)

79.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622004

Amount of Each Receipt this Period

26.72

B.

Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Auditing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299526

Amount of Each Receipt this Period

58.28

C.

Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Auditing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622154

Amount of Each Receipt this Period

58.28

SUBTOTAL of Receipts This Page (optional)

143.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.43

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299565

Amount of Each Receipt this Period

39.41

B.

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622193

Amount of Each Receipt this Period

39.41

C.

Full Name (Last, First, Middle Initial)

BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299420

Amount of Each Receipt this Period

23.92

SUBTOTAL of Receipts This Page (optional)

102.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622049

Amount of Each Receipt this Period

23.92

B.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
HOUSTON TX 77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.42

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299725

Amount of Each Receipt this Period

24.18

C.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
HOUSTON TX 77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622353

Amount of Each Receipt this Period

24.18

SUBTOTAL of Receipts This Page (optional)

72.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LINDSAY F TAYLOR

Mailing Address 217 E. SHERIDAN PLACE

City State Zip Code
LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622403

Amount of Each Receipt this Period

21.16

B.

Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.23

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299467

Amount of Each Receipt this Period

19.49

C.

Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622095

Amount of Each Receipt this Period

19.49

SUBTOTAL of Receipts This Page (optional)

60.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.26

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299768

Amount of Each Receipt this Period

19.78

B.

Full Name (Last, First, Middle Initial)

PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622396

Amount of Each Receipt this Period

19.78

C.

Full Name (Last, First, Middle Initial)

SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622347

Amount of Each Receipt this Period

17.26

SUBTOTAL of Receipts This Page (optional)

56.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City

KENILWORTH

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.43

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299789

Amount of Each Receipt this Period

21.41

B.

Full Name (Last, First, Middle Initial)

MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City

KENILWORTH

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622417

Amount of Each Receipt this Period

21.41

C.

Full Name (Last, First, Middle Initial)

GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City

CHICAGO

State

IL

Zip Code

60649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299568

Amount of Each Receipt this Period

31.86

SUBTOTAL of Receipts This Page (optional)

74.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622196

Amount of Each Receipt this Period

31.86

B.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product Non-Standard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299735

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Product Non-Standard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622363

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)

87.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City

Roanoke

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.17

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299468

Amount of Each Receipt this Period

41.27

B.

Full Name (Last, First, Middle Initial)

WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City

Roanoke

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622096

Amount of Each Receipt this Period

41.27

C.

Full Name (Last, First, Middle Initial)

JAMES C THOMSON

Mailing Address 531 S ALLEN LANE

City

ARLINGTON HTS

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299589

Amount of Each Receipt this Period

32.98

SUBTOTAL of Receipts This Page (optional)

115.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES C THOMSON

Mailing Address 531 S ALLEN LANE

City

ARLINGTON HTS

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622217

Amount of Each Receipt this Period

32.98

B.

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299579

Amount of Each Receipt this Period

30.26

C.

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622207

Amount of Each Receipt this Period

30.26

SUBTOTAL of Receipts This Page (optional)

93.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.26

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299714

Amount of Each Receipt this Period

50.18

B.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622342

Amount of Each Receipt this Period

50.18

C.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.19

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299403

Amount of Each Receipt this Period

19.61

SUBTOTAL of Receipts This Page (optional)

119.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622033

Amount of Each Receipt this Period

19.61

B.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299586

Amount of Each Receipt this Period

57.72

C.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622214

Amount of Each Receipt this Period

57.72

SUBTOTAL of Receipts This Page (optional)

135.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.82

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299531

Amount of Each Receipt this Period

19.62

B.

Full Name (Last, First, Middle Initial)

HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622159

Amount of Each Receipt this Period

19.62

C.

Full Name (Last, First, Middle Initial)

JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrace #3

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Process Expert

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.42

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299638

Amount of Each Receipt this Period

23.76

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrace #3

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Process Expert

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.38

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622266

Amount of Each Receipt this Period

18.96

B.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299525

Amount of Each Receipt this Period

33.03

C.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622153

Amount of Each Receipt this Period

33.03

SUBTOTAL of Receipts This Page (optional)

85.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.17

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299747

Amount of Each Receipt this Period

63.47

B.

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622375

Amount of Each Receipt this Period

63.47

C.

Full Name (Last, First, Middle Initial)

BILL VASILOGAMBROS

Mailing Address 1309 S. PINE AVE

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622292

Amount of Each Receipt this Period

17.27

SUBTOTAL of Receipts This Page (optional)

144.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299516

Amount of Each Receipt this Period

40.56

B.

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622144

Amount of Each Receipt this Period

40.56

C.

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299416

Amount of Each Receipt this Period

76.15

SUBTOTAL of Receipts This Page (optional)

157.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.93

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622045

Amount of Each Receipt this Period

76.15

B.

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-Corporate Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299787

Amount of Each Receipt this Period

51.92

C.

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-Corporate Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622415

Amount of Each Receipt this Period

51.92

SUBTOTAL of Receipts This Page (optional)

179.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.25

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299495

Amount of Each Receipt this Period

28.79

B.

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622123

Amount of Each Receipt this Period

28.79

C.

Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Credit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299479

Amount of Each Receipt this Period

64.62

SUBTOTAL of Receipts This Page (optional)

122.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 231

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-Credit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622107

Amount of Each Receipt this Period

64.62

B.

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City

Redwood City

State

CA

Zip Code

94063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.19

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299490

Amount of Each Receipt this Period

36.25

C.

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City

Redwood City

State

CA

Zip Code

94063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622118

Amount of Each Receipt this Period

36.25

SUBTOTAL of Receipts This Page (optional)

137.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 192 / 231

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299660

Amount of Each Receipt this Period

38.32

B.

Full Name (Last, First, Middle Initial)

EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622288

Amount of Each Receipt this Period

38.32

C.

Full Name (Last, First, Middle Initial)

Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299807

Amount of Each Receipt this Period

64.48

SUBTOTAL of Receipts This Page (optional)

141.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622435

Amount of Each Receipt this Period

64.48

B.

Full Name (Last, First, Middle Initial)

WILLIAM D WEBB JR, Jr.

Mailing Address 11321 LAURA LANE

City

FRANKFORT

State

IL

Zip Code

60423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director FSS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.97

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299529

Amount of Each Receipt this Period

18.39

C.

Full Name (Last, First, Middle Initial)

WILLIAM D WEBB JR, Jr.

Mailing Address 11321 LAURA LANE

City

FRANKFORT

State

IL

Zip Code

60423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director FSS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622157

Amount of Each Receipt this Period

18.39

SUBTOTAL of Receipts This Page (optional)

101.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299738

Amount of Each Receipt this Period

34.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622366

Amount of Each Receipt this Period

34.00

C.

Full Name (Last, First, Middle Initial)

JEANETTE S WELLSANDT

Mailing Address 265 N. 22nd Road

City

Unadilla

State

NE

Zip Code

68454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.49

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299751

Amount of Each Receipt this Period

19.43

SUBTOTAL of Receipts This Page (optional)

87.43

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEANETTE S WELLSANDT

Mailing Address 265 N. 22nd Road

City

Unadilla

State

NE

Zip Code

68454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622379

Amount of Each Receipt this Period

19.43

B.

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299726

Amount of Each Receipt this Period

35.36

C.

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622354

Amount of Each Receipt this Period

35.36

SUBTOTAL of Receipts This Page (optional)

90.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299419

Amount of Each Receipt this Period

21.27

B.

Full Name (Last, First, Middle Initial)

CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622048

Amount of Each Receipt this Period

21.27

C.

Full Name (Last, First, Middle Initial)

CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299470

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

82.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622098

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)
ROBERT N WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.69

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299500

Amount of Each Receipt this Period

21.79

C.

Full Name (Last, First, Middle Initial)
ROBERT N WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.48

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622128

Amount of Each Receipt this Period

21.79

SUBTOTAL of Receipts This Page (optional)

83.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.37

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299543

Amount of Each Receipt this Period

35.23

B.

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622171

Amount of Each Receipt this Period

35.23

C.

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Chief Diversity Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.43

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299753

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

118.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Chief Diversity Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622381

Amount of Each Receipt this Period

48.13

B.

Full Name (Last, First, Middle Initial)

JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299472

Amount of Each Receipt this Period

23.43

C.

Full Name (Last, First, Middle Initial)

JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622100

Amount of Each Receipt this Period

23.43

SUBTOTAL of Receipts This Page (optional)

94.99

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.83

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299569

Amount of Each Receipt this Period

40.73

B.

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622197

Amount of Each Receipt this Period

40.73

C.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2755.43

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299685

Amount of Each Receipt this Period

253.85

SUBTOTAL of Receipts This Page (optional)

335.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3009.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622313

Amount of Each Receipt this Period

253.85

B.

Full Name (Last, First, Middle Initial)

KURT L WINTER

Mailing Address 1403 N. WALNUT

City

ARLINGTON HGHTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622411

Amount of Each Receipt this Period

17.83

C.

Full Name (Last, First, Middle Initial)

RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City

JOHNSBURG

State

IL

Zip Code

60050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622281

Amount of Each Receipt this Period

17.98

SUBTOTAL of Receipts This Page (optional)

289.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299648

Amount of Each Receipt this Period

20.68

B.

Full Name (Last, First, Middle Initial)

BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622276

Amount of Each Receipt this Period

20.68

C.

Full Name (Last, First, Middle Initial)

ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.93

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299727

Amount of Each Receipt this Period

33.11

SUBTOTAL of Receipts This Page (optional)

74.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622355

Amount of Each Receipt this Period

33.11

B.

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.73

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299418

Amount of Each Receipt this Period

33.43

C.

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622047

Amount of Each Receipt this Period

33.43

SUBTOTAL of Receipts This Page (optional)

99.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code
CHICAGO IL 60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.28

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622085

Amount of Each Receipt this Period

17.58

B.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299546

Amount of Each Receipt this Period

36.98

C.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622174

Amount of Each Receipt this Period

36.98

SUBTOTAL of Receipts This Page (optional)

91.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.38

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299612

Amount of Each Receipt this Period

55.54

B.

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622240

Amount of Each Receipt this Period

55.54

C.

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299619

Amount of Each Receipt this Period

56.20

SUBTOTAL of Receipts This Page (optional)

167.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622247

Amount of Each Receipt this Period

56.20

B.

Full Name (Last, First, Middle Initial)

RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Pricing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.91

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299547

Amount of Each Receipt this Period

43.65

C.

Full Name (Last, First, Middle Initial)

RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product Pricing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622175

Amount of Each Receipt this Period

43.65

SUBTOTAL of Receipts This Page (optional)

143.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.19

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299784

Amount of Each Receipt this Period

110.53

B.

Full Name (Last, First, Middle Initial)

CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622412

Amount of Each Receipt this Period

110.53

C.

Full Name (Last, First, Middle Initial)

PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director of Flight Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.18

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299573

Amount of Each Receipt this Period

20.14

SUBTOTAL of Receipts This Page (optional)

241.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director of Flight Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622201

Amount of Each Receipt this Period

20.14

B.

Full Name (Last, First, Middle Initial)

MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.14

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299609

Amount of Each Receipt this Period

37.42

C.

Full Name (Last, First, Middle Initial)

MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622237

Amount of Each Receipt this Period

37.42

SUBTOTAL of Receipts This Page (optional)

94.98

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299701

Amount of Each Receipt this Period

67.29

B.Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: A2010-1622329

Amount of Each Receipt this Period

67.29

C.Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City	State	Zip Code
VILLA PARK	IL	60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: A2010-1299670

Amount of Each Receipt this Period

20.04

SUBTOTAL of Receipts This Page (optional)

154.62

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City

VILLA PARK

State

IL

Zip Code

60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622298

Amount of Each Receipt this Period

20.04

B.

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Transaction ID: A2010-1299693

Amount of Each Receipt this Period

40.23

C.

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622321

Amount of Each Receipt this Period

40.23

SUBTOTAL of Receipts This Page (optional)

100.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 231

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299736

Amount of Each Receipt this Period

22.56

B.

Full Name (Last, First, Middle Initial)

JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: A2010-1622364

Amount of Each Receipt this Period

22.56

C.

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.78

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1299750

Amount of Each Receipt this Period

24.38

SUBTOTAL of Receipts This Page (optional)

69.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

286.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

Transaction ID: A2010-1622378

Amount of Each Receipt this Period

24.38

SUBTOTAL of Receipts This Page (optional)

24.38

TOTAL This Period (last page this line number only)

23468.84

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 213 / 231

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Fifth Third Bank

Mailing Address 346 West Carol Lane

City
Elmhurst

State
IL

Zip Code
60062

Purpose of Disbursement
June 2010 bank charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: IL

District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B333238

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2010

Amount of Each Disbursement this Period

101.28

SUBTOTAL of Disbursements This Page (optional)

101.28

TOTAL This Period (last page this line number only)

101.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 214 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Ed Royce for Congress

Mailing Address 217 3rd Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
ContributionCandidate Name
Ed Royce011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: B331720

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address 900 19th St. NW 8th Floor

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
ContributionCandidate Name
Johnny Isakson011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Transaction ID: B330869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Judy Biggert for Congress

Mailing Address P.O. Box 637

City
HinsdaleState
ILZip Code
60522Purpose of Disbursement
ContributionCandidate Name
Judy Biggert011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: B330867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Quigley for Congress

Mailing Address 38 Ivy Street

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
ContributionCandidate Name
Mike Quigley011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: B330866

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BEAN PAC

Mailing Address 50 E Street SE Suite 1

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B331364

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Roskam for Congress

Mailing Address P.O. Box 713

City
WheatonState
ILZip Code
60189Purpose of Disbursement
ContributionCandidate Name
Peter J Roskam011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: B331721

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Nebraska Republican Party-Fed Acct.

Mailing Address 1610 N Street

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: NE District:

Not Applicable

Transaction ID: B331095

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Friends for Gregory Meeks

Mailing Address 1010 Vermont Ave. NW Ste. 814

City Washington State DC Zip Code 20005

Purpose of Disbursement
ContributionCandidate Name
Gregory W Meeks011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: B331094

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Friends of Schumer

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
ContributionCandidate Name
Charles E Schumer011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: B331710

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 313 C Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
ContributionCandidate Name
Kirsten Gillibrand011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special Primary

State: NY District:

Transaction ID: B332646

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 313 C Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
ContributionCandidate Name
Kirsten Gillibrand011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: NY District:

Transaction ID: B332647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 217 Third Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
ContributionCandidate Name
Pat Tiberi011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: B331724

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 218 / 231

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Wyden for Senate Mailing Address 122 C Street NW Suite 505	Transaction ID: B330868 Date of Disbursement <div> <div>06</div> <div>01</div> <div>2010</div> </div>
City Washington State DC Zip Code 20001 Purpose of Disbursement Contribution Candidate Name Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/Type
B. Full Name (Last, First, Middle Initial) Tim Scott for Congress Mailing Address 700 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Tim Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 01	Transaction ID: B332645 Date of Disbursement <div> <div>06</div> <div>24</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>011</div> Category/Type
C. Full Name (Last, First, Middle Initial) ACLI PAC Mailing Address 101 Constitution Ave. NW City Washington State DC Zip Code 20001 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: DC District: Not Applicable	Transaction ID: B330870 Date of Disbursement <div> <div>06</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

26500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Friends of Mimi Walters 2012 ID#1314311

Mailing Address 921 11th Street Suite 701

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2012 State Senate 33 CACandidate Name
Marian Walters011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B330865

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Hall for Assembly 2010 ID# 1313597

Mailing Address 921 11th Street Suite 904

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
G-2010 State House 52 CACandidate Name
Isadore Hall011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331365

Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ted Gaines for Senate 2012 #1318344

Mailing Address 1127 11th Street Ste 310

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2012 State Senate 1 CACandidate Name
Ted Gaines011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333089

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Jack Sieglock Assembly 2010 ID#1318484

Mailing Address 921 11th Street Suite 701

City
SacramentoState
CAZip Code
95812Purpose of Disbursement
G-2010 State House 10 CACandidate Name
Jack Sieglock011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Balfour for State Senate

Mailing Address 2312 Waterscape Trail

City
SnellvilleState
GAZip Code
30078Purpose of Disbursement
P-2010 State Senate 09 GACandidate Name
Don Balfour011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Davis for State House

Mailing Address 1109 River Green Court

City
McDonoughState
GAZip Code
30252Purpose of Disbursement
P-2010 State House 109 GACandidate Name
Steve Davis011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Matt Dollar Campaign Committee

Mailing Address PO Box 681746

City Marietta State GA Zip Code 30068

Purpose of Disbursement
P-2010 State House 45 GACandidate Name
Matt Dollar011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331753

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Tim Golden Campaign Cmte.

Mailing Address 110 Beacon Hill

City Valdosta State GA Zip Code 31602

Purpose of Disbursement
P-2010 State Senate 08 GACandidate Name
Tim Golden011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Cmte. to Elect Ben Harbin

Mailing Address PO Box 211959

City Martinez State GA Zip Code 30917

Purpose of Disbursement
P-2010 State House 118 GACandidate Name
Ben Harbin011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331752

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Bill Hembree

Mailing Address 4159 Pool Road

City
WinstonState
GAZip Code
30187Purpose of Disbursement
P-2010 State House 67 GACandidate Name
Bill Hembree011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331735

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Doug Holt Campaign Committee

Mailing Address 706 Stagg Trace

City
Social CircleState
GAZip Code
30025Purpose of Disbursement
P-2010 State House 112 GACandidate Name
Doug Holt011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331756

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Howard Maxwell Campaign Cmte.

Mailing Address 716 Graham Road

City
DallasState
GAZip Code
30132Purpose of Disbursement
P-2010 State House 17 GACandidate Name
Howard R. Maxwell011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331761

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Cmte. to Re-Elect Quincy Murphy

Mailing Address 3238 Peach Orchard Road

City Augusta State GA Zip Code 30909

Purpose of Disbursement
P-2010 State House 120 GACandidate Name
Quincy Murphy011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Tom Rice Campaign Cmte.

Mailing Address 4151 Blue Iris Hollow

City Norcross State GA Zip Code 30092

Purpose of Disbursement
P-2010 State House 51 GACandidate Name
Tom R Rice011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331738

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Cmte. to Elect Carl Rogers

Mailing Address PO Box 639

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
P-2010 State House 26 GACandidate Name
Carl Rogers011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331731

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Seabaugh for State Senate	Transaction ID: B331759 Date of Disbursement																				
Mailing Address P.O. Box 504	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Sharpsburg State GA Zip Code 30277	Amount of Each Disbursement this Period																				
Purpose of Disbursement P-2010 State Senate 28 GA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Mitch Seabaugh	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) Richard Smith Campaign Committee	Transaction ID: B331732 Date of Disbursement																				
Mailing Address P.O. Box 2122	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Columbus State GA Zip Code 31902	Amount of Each Disbursement this Period																				
Purpose of Disbursement P-2010 State House 131 GA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Richard Smith	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) Tom Weldon Campaign Cmte.	Transaction ID: B331740 Date of Disbursement																				
Mailing Address PO Box 1459	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Ringgold State GA Zip Code 30736	Amount of Each Disbursement this Period																				
Purpose of Disbursement P-2010 State House 3 GA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Tom Weldon, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Wiles for Senate LLC

Mailing Address 800 Kennesaw Ave.

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
P-2010 State Senate 37 GA

011

Category/
Type

Candidate Name
John Wiles

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331742

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joe Wilkinson Campaign Cmte.

Mailing Address 850 Old Creek Trail

City
Atlanta

State
GA

Zip Code
30328

Purpose of Disbursement
P-2010 State House 52 GA

011

Category/
Type

Candidate Name
Joe Wilkinson

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331758

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cmte. to Elect Wendell Willard

Mailing Address 755 River Gate Drive

City
Atlanta

State
GA

Zip Code
30350

Purpose of Disbursement
P-2010 State House 49 GA

011

Category/
Type

Candidate Name
Wendell Willard

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331757

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 226 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Casey Cagle for Lt. Governor

Mailing Address P.O. Box 489

City
Oakwood

State
GA

Zip Code
30566

Purpose of Disbursement
P-2010 Lt. Governor GA

Candidate Name
L.S. Casey Cagle

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333009

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sharon Cooper for State House

Mailing Address 1234 Powers Ferry Commons #104

City
Marietta

State
GA

Zip Code
30067

Purpose of Disbursement
P-2010 State House 41 GA

Candidate Name
Sharon Cooper

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333006

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Hamrick for Senate

Mailing Address P.O. Box 368

City
Carrollton

State
GA

Zip Code
30112

Purpose of Disbursement
P-2010 State Senate 30 GA

Candidate Name
William (Bill) Hamrick

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333013

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 227 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Cmte. to Re-Elect Carolyn Hugley

Mailing Address PO Box 6342

City Columbus State GA Zip Code 31917

Purpose of Disbursement
P-2010 State House 133 GA

Candidate Name
Carolyn F Hugley

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B333012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mike Jacobs Campaign Cmte.

Mailing Address 3823 Granger Drive

City Atlanta State GA Zip Code 30341

Purpose of Disbursement
P-2010 State House 80 GA

Candidate Name
Mike Jacobs

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B333018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Edward Lindsay Camp. Cmte.

Mailing Address 1150 Angelo Court

City Atlanta State GA Zip Code 30319

Purpose of Disbursement
P-2010 State House 54 GA

Candidate Name
Edward Lindsay

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B333011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
John Meadows Campaign Cmte.

Mailing Address 110 Victory Court

City Calhoun State GA Zip Code 30701

Purpose of Disbursement
P-2010 State House 05 GACandidate Name
John MeadowsOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Jack Murphy Campaign Cmte.

Mailing Address 3830 Adams Road

City Cumming State GA Zip Code 30041

Purpose of Disbursement
P-2010 State Senate 27 GACandidate Name
Jack MurphyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Jay Neal Campaign Cmte.

Mailing Address PO Box 645

City Lafayette State GA Zip Code 30728

Purpose of Disbursement
P-2010 State House 01 GACandidate Name
Jay NealOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Gerald Pilgrim

Mailing Address 105 Briarwood Drive

City
Carrollton

State
GA

Zip Code
30117

Purpose of Disbursement
P-2010 State House 18 GA

Candidate Name
Gerald Pilgrim

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333021

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Ralston Campaign Committee

Mailing Address P.O. Box 1196

City
Blue Ridge

State
GA

Zip Code
30513

Purpose of Disbursement
P-2010 State House 07 GA

Candidate Name
David Ralston

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333014

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends for Chip Rogers

Mailing Address 1025 Rose Creek Drive

City
Woodstock

State
GA

Zip Code
30189

Purpose of Disbursement
P-2010 State Senate 21 GA

Candidate Name
Chip Rogers

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B333017

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) David Shafer Senate Cmte Mailing Address P.O. Box 880	Transaction ID: B333016 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	1	0														
City Duluth State GA Zip Code 30096 Purpose of Disbursement P-2010 State Senate 48 GA Candidate Name David J Shafer Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	500.00	011																				
500.00																							
011																							
B. Full Name (Last, First, Middle Initial) Staton for Senate Mailing Address P.O. Box 26427 City Macon State GA Zip Code 31221 Purpose of Disbursement P-2010 State Senate 18 GA Candidate Name Cecil Staton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B333007 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1	0	500.00	011
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	1	0														
500.00																							
011																							
C. Full Name (Last, First, Middle Initial) Friends of Tommie Williams Mailing Address 148 Williams Avenue City Lyons State GA Zip Code 30436 Purpose of Disbursement P-2010 State Senate 19 GA Candidate Name Tommie A. Williams Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B333010 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1	0	500.00	011
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	1	0														
500.00																							
011																							

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Husted for Ohio

Mailing Address 211 S. Fifth Street

City
ColumbusState
OHZip Code
43215Purpose of Disbursement
G-2010 Sec. of State OHCandidate Name
Joh Husted011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Tom Corbett

Mailing Address 214 Pine Street

City
HarrisburgState
PAZip Code
17101Purpose of Disbursement
G-2010 Governor PACandidate Name
Tom Corbett011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B331773

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

27000.00